

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
CARE AND SERVICES PROVIDED

SUPPLEMENT A
(continued)

III. ANTIDEPRESSANTS

Generic Name
Maprotiline HCl
Mirtazapine
Nefazodone HCl
Nortriptyline HCl
Paroxetine HCl
Phenelzine
Protriptyline HCl
Sertraline HCl
Tranylcypromine
Trazodone HCl
Trimipramine maleate
Venlafaxine

IV. ANTIMANIC AGENTS

Generic Name
Lithium products (e.g, lithium carbonate and lithium citrate)

V. ANTIPARKINSON AGENTS

Generic Name
Bentropine mesylate
Trihexyphenidyl HCl

VI. ANTIPSYCHOTICS

Generic Name
Acetophenezine maleate
Chlorpromazine HCl
Chlorprothixene
Clozapine
Fluphenazine HCl
Fluphenazine decanoate
Fluphenazine enanthate
Haloperidol
Haloperidol decanoate
Haloperidol lactate
Loxapine HCl
Loxapine succinate

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MAR 17 1999

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7/1/1998

TN No. 91-15

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SUPPLEMENT A
(continued)

VI. ANTIPSYCHOTICS

Generic Name
Mesoridazine besylate
Molindone HCl
Olanzapine
Perphenazine
Pimozide
Promazine HCl
Quetiapine fumarate
Risperidone
Thioridazine
Thiothixene
Trifluoperazine HCl
Triflupromazine HCl

VII. SEDATIVE-HYPNOTICS

Generic Name
Acetylcarbromal
Amobarbital sodium
Amobarbital sodium and secobarbital sodium
Aprobarbital
Butabarbital Sodium
Chloral hydrate
Estazolam
Ethchlorvynol
Ethinamate
Flurazepam HCl
Gluthethimide
Mephobarbital
Methyprylon
Paraldehyde
Pentobarbital sodium
Phenobarbital
Quazepam
Secobarbital sodium
Temazepam
Triazolam
Zolpidem tartrate

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SUPPLEMENT A
(continued)

VIII. STIMULANTS

Generic Name
Amphetamine and dextroamphetamine
Dextroamphetamine
Methamphetamine
Methylphenidate HCl
Pemoline

IX. SUBSTANCE ABUSE DRUGS

Generic Name
Disulfiram
Methadone HCl
Naltrexone HCl

This list of outpatient drugs is representative and not meant to be all-inclusive. It is the intention of the state to cover all appropriate drugs used to treat the symptoms of behavioral disorders or conditions.

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STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
CARE AND SERVICES PROVIDED

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.c. Prosthetic Services

Prostheses, including braces, will be provided on the written request of the attending physician with proper documentation of necessity and prior approval of the Medicaid Director.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE MISSISSIPPI

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND
SERVICES PROVIDED

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.a. Prescribed drugs

1. Legend drugs and insulin are provided as listed in the State Medicaid Title XIX formulary. Drugs may be added to or deleted from the State Medicaid Title XIX formulary.
2. Prescriptions and/or refills limited to seven (7) per month for medically needy.

12.c. Prosthetic Services

Prostheses, including braces, will be provided on the written request of the attending physician with proper documentation of necessity and prior approval of the Medicaid Director.

12.d. Eyeglasses

Limited to eyeglasses required following cataract surgery.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

13.d. Rehabilitative Services

Rehabilitative services which are restricted to mental health services are covered for eligible Medicaid recipients. Providers of rehabilitation services will meet the following criteria:

- 1) provide services to individuals with mental illness;
- 2) provide an array of community mental health services which, at a minimum include outpatient services, crisis intervention services, and symptom management services;
- 3) comply with applicable "Licensure Rules of the Tennessee Department of Mental Health and Mental Retardation" and have appropriate licensure;
- 4) comply with all applicable program standards as defined by "Community Mental Health Center Standards";
- 5) adhere to the Bureau of Medicaid's and the Department of Mental Health and Mental Retardation's fiscal reporting requirements;
- 6) have a documented ability to provide off-site mental health services; and
- 7) offer services that are compatible with the Department of Mental Health and Mental Retardation's Mental Health Master Plan.

It is important for providers to meet these criteria in order to assure that recipients of services under the rehabilitation option receive the highest quality and most appropriate services possible. The services to be covered under the rehabilitation services option meet the definition of rehabilitation services found in 42 CFR 440.130(d) and include the following:

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- 1) individual therapy treatment by individual interview including psychotherapy, relationship therapy, insight therapy, psychoanalysis, and counseling;
- 2) group therapy treatment through the use of group interactions including group psychotherapy, group psychoanalysis, therapy with groups of families or married couples or similar services;
- 3) family therapy applied to a family as a unit, where significant members of the family are seen together;
- 4) couple therapy through planned therapeutic sessions involving two people in a marital relationship who are seen together as a unit;
- 5) medication maintenance treatment through individual interview and through the use of psychotropic drugs, including prescribing medication and monitoring the patient's condition and progress;
- 6) psychological evaluation and testing through evaluation of cognitive processes and emotions and problems of adjustments in individuals or in groups, through interpretations of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics, including the interpretation of psychological tests of individuals;
- 7) psychiatric evaluation using the psychodiagnostic process, including a medical history and mental status, which notes the attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation and an inventory of the patient's assets in a descriptive (but not an interpretative) fashion, impressions, and recommendations;
- 8) symptom management services aimed exclusively at medical treatment which includes ongoing monitoring of the patient's mental illness symptoms and response to treatment interventions to help the patient manage his/her symptoms, assistance with medication compliance and the understanding of the effects of medication, introduction of the patient to symptom management techniques to alleviate symptoms not reduced by medication, assisting the patient in developing coping skills, and consultation with family, legal guardian, and/or significant others to promote understanding and management of the patient's mental illness; and

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- 9) crisis intervention services using short term, intensive services, including crisis oriented counseling, support, and medication, aimed at stabilizing individuals experiencing a psychiatric crisis in order to assist them to return to their pre-crisis level of functioning, and services to assist individuals and members of their natural support systems to resolve situations that may have precipitated or contributed to the crisis.

Service providers will be offering a comprehensive array of mental health services to eligible individuals throughout the state of Tennessee and will be offering them in the most appropriate settings possible (for example, their homes). All services to an individual are provided as directed in an individualized treatment program by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law. The treatment plan also directs the duration and scope of services to be provided in order to achieve the goals and objectives of the plan. Therefore, it can be assured that each service to be offered under the rehabilitation services option will be sufficient in amount, duration, and scope to reasonably achieve its purpose.

Provision of services where the family is involved will be directed to meeting the identified client's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified client's treatment needs are not covered by Medicaid.

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LIMITATION ON AMOUNT, DURATION AND SCOPE OF
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14. Services for individuals age 65 or older in institutions for mental diseases.

14.b. Nursing facility services.

Nursing facility services for individuals age 65 or older will be provided at Level I or Level II Care. Medicaid will apply medical criteria for admission and continued stay at the level of care designated and approved by the Tennessee Medicaid program.

The recipient on Level I Care must require on a daily basis, 24 hours a day, licensed nursing services which as a practical matter can only be provided on an inpatient basis.

The recipient on Level II Care must require on a daily basis, 24 hours a day, skilled/complex nursing or skilled/complex rehabilitative services which as a practical matter can only be provided on an inpatient basis.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF
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15. Services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

Intermediate care facility services in a institution (or distinct part thereof) for the mentally retarded or persons with related conditions shall be limited to persons who have a preadmission evaluation approved by the Tennessee Medicaid program.

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